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Application Number	09/731,572
Filing Date	December 5, 2000
First Named Inventor	Daniel SCHREIBER
Art Unit	3621
Examiner Name	F. BACKER
Attorney Docket Number	43426.00049

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- ☒ Attorney or agent of record. Registration Number 40,823.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_

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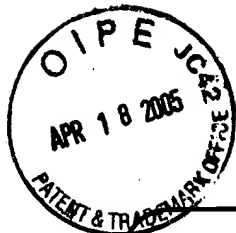
Date April 14, 2005 Telephone 650-856-6500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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PTO/SB/123 (09-04)

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	3	Application Number	09/731,572
		Filing Date	December 5, 2000
		First Named Inventor	Daniel SCHREIBER
		Art Unit	3621
		Examiner Name	F. BACKER
		Attorney Docket Number	43426.00049

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Change of Correspondence Address [Total 1 page] <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to <u>Deposit Account Number 05-0150</u> . I have enclosed a duplicate copy of this sheet. [Total 2 pages]		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043		
Signature			
Printed Name	Marc A. Sockol		
Date	April 14, 2005	Reg. No.	40,823

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Typed or printed name	Cathi L.G. Thoorse	Date	April 14, 2005

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